



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/715,223
Applicant : Kellie Ross and Arthur A. Krause
Filed : November 17, 2003
Title : INTRAVENOUS LINE HOLDER

TC/A.U. : 3632
Examiner : Wujciak, Alfred J.

Docket No. : 57038

CERTIFICATE OF MAILING

Mail Stop: **AMENDMENT**
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

I, Christine A. Lambert, hereby certify that the attached documents hereto: **Amendment Fee Transmittal Sheet; Amendment (9 pp.)**, along with a first-class postage prepaid return receipt card, are being deposited today, **March 29, 2006** with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to:

Mail Stop: **AMENDMENT**
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Christine Lambert
Christine A. Lambert

March 29, 2006
Date

DHL:lap
Dennis H. Lambert & Associates
7000 View Park Drive
Burke, Virginia 22015
Tel: 703-451-1227/Fax: 703-451-1297



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AMENDMENT FEE TRANSMITTAL

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SIR:

Transmitted herewith is a communication/response in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.27 has been previously established (by a verified statement previously submitted).
- ☒ Small entity status under 37 C.F.R. 1.27 is hereby claimed.
- ☒ Also enclosed is/are: Certificate of Mailing, Amendment (9 pp.), Return Receipt Card,
- ☐ Other:

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Prev. Paid For	Extra Claims	Small Entity	Lg. Entity
Total Claims	12 -	20 ¹	= 0 ³	X \$25.00	X \$50.00
Independent Claims	1 -	3 ²	= 0 ³	X \$100.00	X \$200.00
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$180.00	+ \$360.00
TOTAL				\$0.00	

1 If less than 20 enter 20

2 If less than 3 enter 3

3 If less than 0 enter 0

- ☒ No additional fee is required for the amendment/response.
- ☐ A check in the amount of \$_____ to cover the filing fee is enclosed.
- ☐ Please charge Deposit Account No. _____ in the amount of \$_____. A duplicate copy of this sheet is attached.
- ☐ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17, or credit any overpayment, to Deposit Account No. _____. A duplicate copy of this sheet is attached.

Respectfully submitted,

Dennis H. Lambert
Registration No. 25,017

Dated: March 29, 2006
Dennis H. Lambert & Associates
7000 View Park Drive
Burke, Virginia 22015
Tel: 703-451-1227/Fax: 703-451-1297

Appl. No. 10/715,223

Amdt. Dated March 29, 2006

Reply to Office Action of August 23, 2005, the time for response having been reset in the
Advisory Letter of January 18, 2006



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S I R:

Responsive to the non-final Office Action mailed **August 23, 2005**, the shortened
statutory period for response having been reset by the Advisory Letter mailed January 18, 2006,
please enter the following amendments.

Amendments to the claims begin on page **2** of this paper.

Remarks/Arguments begin on page **5** of this paper.